

To qualify as a provider eligible to receive reimbursement on a fee-for-service basis, the potential contractor must provide the information requested below and agree to all terms. **Mail the application and all supporting documentation to: Arizona Office of Problem Gambling, Attn: Treatment Administrator, 202 East Earll, Ste. 200, Phoenix, AZ 85048.**

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

PAYMENT IS TO BE MADE TO: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ AGENCY / GROUP

LICENSE	LICENSE NUMBER	ISSUING BODY	DATE VALID THROUGH

Nationally Certified Gambling Counselor II (NCGC II)

---

**SECTION D: Clinical supervision**

If the applicant is required to provide TAP services under clinical supervision (as delineated in Section 01 of TAP Provider Manual), the individual must indicate below who will be providing clinical supervision. Note: The individual providing supervision must be someone who is an OPG approved supervisor.

Name of Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Credentials of person providing supervision: \_\_\_\_\_

**Attach a formal letter of agreement, from the supervisor, detailing the agreement for supervision. Include the method and amount of supervision to be provided.**

---

**SECTION E: Program information**

Respond to the following items. Responses shall include any information about experience and/or expertise that demonstrates ability to provide the services requested. Information submitted under this section will be a significant consideration in the OPG determining the amount of funding potentially available to the applicant over the course of the contract year.

**A.** Describe the design/proposed design of Treatment Assistance Program services at your agency/practice. Include information about where services will be delivered and any special or unique services that you or your agency will offer.

**B.** Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise such as specific age groups, gender, geographic locations, foreign languages, ethnic groups, and presenting problems such as substance abuse, legal issues, etc.

**C.** Describe how your agency/practice will increase the participation of affected persons in the treatment process for problem gamblers.

**D.** Describe how your agency/practice has historically received referrals for problem gambling services and any plans the agency has for maintaining, changing or improving the process in the 2006 calendar year.

**E.** Submit professional liability insurance certificate documenting compliance with insurance requirements delineated in the Uniform Terms and Conditions.

---

**NOTICE – VENDOR REGISTRATION**

To be eligible for a contract for outpatient services you must be registered with SPIRIT, the State of Arizona's electronic procurement system. Failure to register with SPIRIT will prohibit the Department of Gaming from contracting with you. To register with SPIRIT, go on the internet to [www.spirit.az.gov](http://www.spirit.az.gov) and follow the directions to register. Enter commodity code 0952-0900 when registering. Please complete this process PRIOR to sending in your application to avoid delays in processing.

**I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Treatment Administrator of any additions/changes to the information.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date